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16367 U.S. PTO

03-13-06

10/707,731

ITW

PTO/SB/17 (01-06)

Approved for use through 7/31/2006. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL
For FY 2006☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$) 560.00**Complete if Known**

Application Number	Not Yet Assigned
Filing Date	Concurrently Herewith
First Named Inventor	Lawrence J. Cook
Examiner Name	Not Yet Assigned
Art Unit	N/A
Attorney Docket No.	209518-104095

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-3145 Deposit Account Name: Honigman Miller Schwartz and Cohn LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	500.00
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims 18 - 20 = x = **Fee Paid (\$)**

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims 2 - 3 = x = **Fee Paid (\$)**

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
23	- 100 = <u> </u>	/50 <u> </u> (round up to a whole number) x <u> </u>	= <u> </u>	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2251 Extension for response within first month 60.00

SUBMITTED BY

Signature <u>Joseph V. Coppola, Sr.</u>	Registration No. (Attorney/Agent) <u>33,373</u>	Telephone <u>(248) 566-8500</u>
Name (Print/Type) <u>Joseph V. Coppola, Sr.</u>	Date <u>March 10, 2006</u>	

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV757542970US, on the date shown below in an envelope addressed to:
Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: 3/10/06 Signature: Joyce Krumpke (Joyce A. Krumpke)

03/14/2006 09:00:10 5035 1070731 60-02 DA

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UTILITY PATENT APPLICATION TRANSMITTAL (ONLY FOR NEW NONPROVISIONAL APPLICATIONS UNDER 37 CFR 1.53(B))	Attorney Docket No. 209518-104095	
	First Inventor Lawrence J. Cook	
	Title	PNEUMATICALLY ACTUATED ASSEMBLY APPARATUS AND METHOD OF ASSEMBLY
	Express Mail Label No. EV757542970US	

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original and a duplicate for fee processing) 2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 19] Both the claims and abstract must start on a new page (For information on the preferred arrangement, see MPEP 608.01(a)) 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 4] 5. Oath or Declaration [Total Sheets] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76 7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) <input type="checkbox"/> Landscape Table on CD 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, items a. - c. are required) a. Computer Readable Form (CRF) i. <input type="checkbox"/> Computer Readable Form (CRF) ii. <input type="checkbox"/> Transfer Request (37 CFR 1.821(e)) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies 18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.: 10/707,731 Prior application information: Examiner George R. Koch Art Unit: 1734	ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) Name of Assignee: <input type="text"/> 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee) <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input checked="" type="checkbox"/> Information Disclosure Statement (PTO/SB/08 or PTO-1449) <input type="checkbox"/> Copies of foreign patent documents, publications, & other information 13. <input checked="" type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C.122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or equivalent. 17. <input type="checkbox"/> Other: <input type="text"/>

19. CORRESPONDENCE ADDRESS <input checked="" type="checkbox"/> The address associated with Customer Number: 44200 OR <input type="checkbox"/> Correspondence address below	
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Name (Print/Type)	Registration No. (Attorney/Agent)
Joseph V. Coppola, Sr.	33,373

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